



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the  
Report: Gary Simpson

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Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |             |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue   | \$122378582 |
| Outpatient Patient Service Revenue  | \$321267996 |
| Total Gross Patient Service Revenue | \$443646578 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$214326829 |
| Other Deductions      | \$4563775   |
| Total Deductions      | \$218890604 |

3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$224755974 |
| Other Operating Revenue     | \$5113368   |
| Total Operating Revenue     | \$229869342 |

4. Operating Expenses

|                               |             |                   |            |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages            | \$81146320  | Employee Benefits | \$23452325 |
| Depreciation and Amortization | \$13010593  | Interest Expense  | \$5775375  |
| Bad Debt                      | \$18598023  | Other Expenses    | \$75112730 |
| Total Operating Expenses      | \$217095366 |                   |            |

## 5. Net Revenue and Expenses

|                                   |            |                   |             |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$12773976 | Total Assets      | \$369736685 |
| Net Non-operating Gains over Loss | \$8677158  | Total Liabilities | \$141061789 |
| Total Net Gains                   | \$21451134 |                   |             |

### Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$156505570           | \$115814003           | \$40691567                    |
| Medicaid         | \$25479009            | \$23823830            | \$1655179                     |
| Other Government | \$2422323             | \$1240687             | \$1181636                     |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$259239676           | \$78012084            | \$181227592                   |
| Total            | \$443646578           | \$218890604           | \$224755974                   |

### Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$0                         | \$0                     |

### Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$0                         | \$0                     |

### Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |

|                     |     |     |     |
|---------------------|-----|-----|-----|
| Hospital Patients   | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

|   |  |
|---|--|
| Number of Medical Professionals Trained                 |  |
| Number of Hospital Patients Educated                    |  |
| Number of Citizens Exposed to Health Education Messages |  |

|                                  |
|----------------------------------|
| Statement Six: Charity Statement |
|----------------------------------|

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$4201220 |
|--------------------------|-----------|

|                           | Payments from<br>Clients | Less Costs to<br>Hospital | Unreimbursed<br>Costs to Hospital |
|---------------------------|--------------------------|---------------------------|-----------------------------------|
| Charity Care              | \$449361                 | \$2247483                 |                                   |
| HCI Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$449361                 | \$2247483                 | \$-1798122                        |
| Medicaid Shortfalls       | \$5825179                | \$10905016                |                                   |
| Subtotal                  | \$6274540                | \$13152499                | \$-6877959                        |
| DSH Payments              | \$0                      |                           |                                   |
| Subtotal                  | \$6274540                | \$13152499                | \$-6877959                        |
| Medicare Shortfalls       | \$36521567               | \$66984384                |                                   |
| Other Government Programs | \$0                      | \$0                       |                                   |
| Total                     | \$42796107               | \$80136883                | \$-37340776                       |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming<br>Revenue | Estimated Outgoing<br>Expenses | Net Dollar Gain or<br>Loss |
|----------------------|-------------------------------|--------------------------------|----------------------------|
| Community Programs   | \$453891                      | \$1119520                      | \$-665629                  |
| Community Assessment | \$0                           | \$0                            | \$0                        |
| Provision of Taxes   | \$0                           | \$32581                        | \$-32581                   |
| Other Allocations    | \$0                           | \$0                            | \$0                        |

